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ABSTRACT

Data relating to population and family planning in eight foreign countries are presented in these situation reports. Countries included are Hong Kong, Malawi, Pakistan, Panama, Philippines, Ryukyu Islands (Okinawa), Sabah, and Sarawak. Information is provided where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. Updated information about family planning association personnel in Ceylon is also included. (BL)



Situation Report

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HONG KONG

Country

OCTOBER 1971

Date

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,034 sq.kms.
Population	2,015,000 (1952)	3,075,000	3,990,000 (1969)
Population growth rate		2.9%	2.2% (1963-69)
Birth rate	32.6	36.0	19.4 per 1,000 (1970)
Death rate	10.2	6.2	4.7 per 1,000 (1969)
Infant Mortality rate	99.6	41.5	20.9 per 1,000 (1969)
Women in Fertile Age Group (15-44)			799,000 (1969)
Population under 15			38% (1968)
Urban population			85%
GNP per capita			US\$710 (1968)
GNP per capita growth rate			8.1% (1963-68)
Population per doctor	3,400	2,900	2,104 (1969)
Population per hospital bed			280 (1966)

GENERAL BACKGROUND

Hong Kong is one of the world's most densely populated areas. In 1969, the population density was 3,859 per sq.km. Hong Kong is a British colony and one of the main tourist centres of the Far East.

Ethnic

98.6% Chinese

Language

English is the official language. Cantonese is universally spoken and Mandarin widely understood.

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Religion

Buddhism is the main religion. Confucianism and Taoism are widely practised. There are some 250,000 Christians of all denominations.

Economy

Hong Kong is a free trade area and one of the principal entrepot ports of the world. Industry has expanded rapidly in recent years, and manufactured goods, particularly textiles and electrical goods make up 75% of total exports.

Communications/Education

Daily Newspapers: 50 with a total circulation of 1,370,000 i.e. 357 per 1,000 (1967).

Radio: 163 receivers per 1,000 (1968)

Television: 42 receivers per 1,000 (1968)

Education in Hong Kong is neither free nor compulsory. Public and private schools provide primary, secondary and higher education. In 1969, 80.5% of primary school children were admitted to day secondary schools. There are two universities.

FAMILY PLANNING SITUATION

A government supported voluntary Family Planning Association provides extensive family planning facilities throughout the colony.

Attitudes

The government has supported the FPA financially since 1955; this support has increased up to the 1970 level, which was a grant of some US\$123,333. The government has provided facilities for clinics - 80% of the Association's clinics are so housed.

A scheme has been organized whereby government doctors can either prescribe contraceptives for patients, who then obtain supplied from the FPA, or refer patients directly to FPA clinics.

The government also allows the Association occasional broadcasting facilities, interviews and discussions.

There is growing pressure on the government to openly adopt a family planning policy.

FAMILY PLANNING ASSOCIATION

Family Planning Association of Hong Kong,
152 Hennessy Road,
Hong Kong.

Personnel: President: Prof. Daphne Chun, O.B.E.,
F.R.C.S., F.R.C.O.G., J.P.

Vice Presidents: Dr. The Hon. Mrs. Li Shu Pui, O.B.E.,
L.L.D., J.P.
Mrs. Li Fook Wo, M.B.E.
Mrs. K.E. Robinson
Chairman: Mrs. Veronica Browne

Vice-Chairman: Dr. Ada Wong, F.R.C.O.G.

Hon. Treasurers: Mr. F.S. Li, O.B.E., J.P.,
Dr. The Hon. Mrs. Li Shu Pui, O.B.E.,
L.L.D., J.P.,

Executive Secretary: Mrs. Peggy Lam

Medical Director: Miss Gladys H. Dodds, M.D.,
F.R.C.S., F.R.C.O.G.

Clinic Supervisor: Mrs. Dora Choy

History

Family Planning was introduced to Hong Kong in 1936, by the Hong Kong Eugenics League, and five clinics were operating by 1940. The FPA was formed in 1950; interest in family planning increased as massive immigration from Mainland China added to Hong Kong's overcrowding, and 2 clinics were operating again by the end of 1951. The Association was one of the founder members of IPPF in 1952.

The Family Planning Association is run by a voluntary Council of up to 26 members which meets quarterly and a small Executive Committee is responsible for the administration of the Association.

The Association receives support from both the government and private associations, such as the Jockey Club, and in 1955 a headquarters building was erected on land donated by the government.

Services

Clinic facilities of the Association have grown steadily, and by the end of 1970 there were some 54 clinics operating 172 sessions per week, mostly in government hospitals, health centres and Maternal and Child Health Centres. In 1969 the Association opened a clinic in the new Estate Welfare Building. Because of the high attendance rate to this clinic two more were opened in 1970 and one more in March 1971. The Association plans to open clinics in new Estate Welfare Buildings.

<u>Year</u>	<u>No. of Clinics</u>	<u>Total Attendance</u>	<u>Total New Cases</u>
1952	5	6,914	3,043
1957	14	25,939	6,850
1962	43	76,742	13,046
1966	54	146,282	23,031
1967	55	143,673	19,292
1968	49	204,927	26,588
1969	54	273,766	30,886
1970	54	284,069	30,470

Methods

IUD trials began in 1963 and oral trials in 1957. Injectables were introduced in October 1967 and all methods are now available at all clinics. In June 1967 a new IUD, the Hong Kong Triangle, was developed by Prof. Daphne Chun.

Methods chosen by new patients (percentages).

	1966	1967	1968	1969	1970
Orals	3	15	45	60	68
IUD	52	37	21	13	9
Condom	34	32	14	11	8
Injectables	-	-	4	3	5
Sterilization applied for	-	-	3	3	3
Diaphragm, jelly, etc.	3	3	1	1	2
Others and non-users	8	13	12	9	5

There has been a continued increase in the number of patients using oral pills. It is the main method requested by patients in the young age, low parity group. During the first seven months of 1971 the proportion of new acceptors using this method increased to 77%. Adverse publicity after a large number of loops had broken in the uterus caused a notable drop and the decline still continues.

Costs

Patients pay US\$0.16 (HK\$1.00) registration fee or US\$0.08 (HK\$0.50) if they bring an introductory slip issued by an Association welfare worker, and there is a small charge for condoms and diaphragms. IUDs are fitted free - all charges are waived if necessary. Orals - HK\$1.00 per month (US\$0.16). No prescription is required for oral contraceptives.

Other Services

The FPA offers sub-fertility and marriage guidance services. In 1970 there were 1,811 attendances at the sub-fertility clinic and 480 attendances at the "Married Life Information Centres".

Papanicolaou smears are taken from all female patients over 40 years of age and any suspicious cases. Usually they are provided free of charge.

	1967	1968	1969	1970
No. of smears	2,172	13,210	14,981	10,807

1970 Staffing:

22 full-time doctors
 6 part-time doctors
 1 voluntary doctor
 36 full-time nurses
 101 field-workers, social workers and clinic clerks.

The Association also carries out follow-up activities. In 1970, a total of 50,144 follow-up letters were sent out which resulted in 59% of the recipients revisiting the clinics.

Research and Evaluation

The birth rate in Hong Kong declined by 47% between 1960 and 1970. The decrease after 1965 can be attributed to a genuine decline in the fertility of married women. In 1969 it was estimated that 31.3% of women of childbearing age were using a contraceptive method either through FPA clinics or privately. The number of births decreased from 79,329 in 1969 to 77,465 in 1970 in spite of the increase in the number of married women in the young fertile age group. 1970 was the seventh successive year in which registered births decreased.

Since 1966 the FPA has been more successful in attracting women in the younger age groups, with a lower parity and a higher educational level:

<u>Characteristics</u>	<u>1966(%)</u>	<u>1967(%)</u>	<u>1968(%)</u>	<u>1969(%)</u>	<u>1970(%)</u>
Age under 25	18	21	27	32	35
Parity 0-1	12	18	24	30	33
Primary School +	66	71	77	80	83

Welfare workers and old patients continue to be the main source of referral of new patients. In 1970 they accounted for 90% of all new patients.

<u>Source of referral</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Welfare workers	49%	53%	55%
Old cases	41%	37%	35%
Mass media and others	6%	5%	10%

The FPA carried out several studies on the acceptance and effectiveness of oral pills, different types of intrauterine devices and injectables. Reports are available on the following studies:

An Analysis of Acceptance Rates for the Period 1961-68

A Study of the NCH Population

A Report on the Clinical Findings and Two-Year Follow-up of 1,883 Treated by 3 monthly injections of Depo-Provera.

An "IUD Clinic Reassurance Project" is being conducted in order to ascertain the effects of early clinic visits on the confirmation rate. 1,688 IUD users were included in this study.

Information and Education

The Family Planning Association of Hong Kong uses all possible media in order to disseminate information on family planning. The Publicity Section prepares and produces material on family planning for public information, utilizing the press, radio, television, films, posters and pamphlets.

News articles

News articles and features on various aspects of family planning, population trends and sex education have been published in both English and Chinese newspapers and in several popular Chinese Women's magazines. Clinic schedules and addresses and telephone enquiry services have been advertised in Chinese newspapers. Total number of advertisements was 216. In addition, 22 press releases were published by the FPA.

Radio and Television

The family planning song was broadcast 4 times a day on Radio Hong Kong and twice a day on commercial radio from July to October and again in December 1970. 21 radio and 15 television interviews were given on various aspects of family planning and Association activities.

Films

The FPA made 6 one minute film spots in 1966 which were shown in the 45 commercial cinemas in Hong Kong. An audience of 2 million was reached in this way. These spots were shown again in 1968 together with the Swiss film "The Right to be Born". In 1967, the FPA made a 20 minute documentary entitled "Family Planning in Hong Kong". In 1968 a new motivational film was made called "Planning for Happiness" in Cantonese.

In 1970 films were shown to factory workers at the prize giving ceremony for the participants of the essay and cartoon contest run by the Association and the publication "Workers Weekly". The production of two 30-second coloured cartoon films for use in cinemas and television is under way.

Publications

The Association publishes a newsletter in English and Chinese with a total circulation of 7,500. The annual report of the FPA is also published in both languages. During 1970, three motivational pamphlets for rural areas, newly-weds and factory workers were produced by the FPA. 132,000 copies of these pamphlets were distributed. The Association also published 2 posters during the year.

Exhibitions

The Association participated in two exhibitions during 1970. In the 'Science Exhibition' of the University of Hong Kong the FPA had a stall displaying population charts and problems, contraceptives and family planning information. Pamphlets were available for distribution.

Another display with similar material was held at the Chinese Manufacturers Exhibition in December 1970. In addition, the documentary film "Family Planning in Hong Kong" was shown four times in the evenings.

Tape

Tape recorded programmes are being successfully used in maternity wards of the hospitals.

Family Life Education

The Association employed a full-time Family Life Education Officer in 1970 to carry out the work of Family Life Education sub-committee. A bilingual brochure on Family Life Education has been published. Two new booklets "Beginning Your Marriage" and "What Teenagers Want to Know" have been translated into Chinese and published.

The FPA purchased three 20-minute films from the BBC Merry-Go-Round TV series, on sex education for 8-10 year old children. Approximately 30 organizations borrowed the films to show teachers, parents, social welfare workers and students.

A survey was carried out in eight sample schools in order to determine the knowledge of children on the subject.

In September 1971, IPPF Western Pacific Regional Seminar on "Responsible Parenthood and Family Life Education" was held in Hong Kong.

Field Work

Up to 1967, the field workers programme was concentrated on random home visiting. Following an efficiency survey in 1967, this programme has been reorganized. Welfare workers now concentrate on MCH centres and other health institutions, particularly post-natal clinics and home visits are still made on request. A comprehensive case record system is in force, in which each contact a field worker makes is followed up within 3 months if no clinic visit has been made. An introductory slip is given to patients at the first meeting. In 1970, a total of 29,999 slips were accepted by eligible contacts. Home visiting is also used to follow up lapsed patients. In a recent project, about 50% of lapsed patients were contacted. 30% of these were still practising family planning, and 50% were persuaded to return to the clinics. Every effort is made to follow up all IUD insertions within 5 days of insertion to try and reduce IUD drop out rates.

The following summary shows the various contacts made by the section during 1970:

a)	Persons interviewed in Maternal & Child Health Centres, Hospitals, Clinics and Birth Registries	237,614
b)	<u>Home Visits:</u>	
	(1) Follow-up visits referred by Clinic Section of cases failing to return on schedule	11,156
	(2) Home-visits for research purposes	352
	(3) Follow-up home visits to persons contacted at MCH Centres, etc. who had accepted slips but had not yet attended clinics	10,643
	(4) Home visits on door-to-door basis, publicizing new clinics	13,688
	(5) Home visits to cases referred by Resettlement Officers	207
	(6) Home visits to cases from Private Maternity Homes, referred by Medical & Health Department	451

Total Number of Persons Contacted 274,111

In 1971 the Social Work Section of the FPA intensified its approach to industry, rural areas and resettlement areas.

A telephone enquiry service was started by the FPA in July 1969. 46 welfare workers were engaged in this work.

In 1970, 438 telephone calls and 65 letters of enquiry were received.

Training

The only formal courses organized by the FPA in 1970 were for welfare workers. Newly recruited members of staff also receive on-the-job training. The length of training period varies with the type of job.

A full-time Education and Training Officer is to direct the new training programme being developed in 1971 and to be expanded in 1972 which will serve the Association staff, university students and private and government nurses and health visitors.

Other Organizations

International Planned Parenthood Federation has provided assistance to the Family Planning Association.

American Friends Service Committee has conducted motivation and family planning education projects, and is now concentrating on the specific problems of the high IUD drop out rate, and how to overcome it. It has also helped to finance the Urban Family Life Survey at the Chinese University.

Population Council - Hong Kong is taking part in the post-partum IUD insertion project at 3 MCH Centres and 6 hospitals under the supervision of Professor Dodds.

Michigan Population Studies Centre is conducting an age specific birth rate study.

Church World Service helped to pay salaries of social workers and welfare workers up to March 1969.

OXFAM - Helped to finance clinic services by paying some salaries and providing contraceptive supplies.

CARE gave financial assistance to the Association in 1971.

Cambridge University Campaign for World Development and Unitarian Service Committee of Canada also help financially; of the local charities, the Hong Kong Jockey Club has given the most support.

US/AID provides commodities and equipment.

The Catholic Church runs its own clinics for the rhythm method.

SOURCES

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Situation Report

Distribution LIMITED

Country MALAWI

Date

SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			117,800 sq.kms.
Total population		3,490,000	4,429,000 (1970)*
Population growth rate			2.4% (1960-70)*
Birth rate			Not known
Death rate			Not known
Women of fertile age (15-44)			713,200 (1966)
Population under 15			43% (1966)
Urban population			5.4% (1970)*
GNP per capita			\$50 (1968)
GNP per capita growth rate			2.2% (1961-68)
Population per doctor			50,000 (1970)
Number of hospital beds			4,951 (1967)

GENERAL BACKGROUND

Malawi became an independent state in July 1964 under the Presidency of Dr. H. Banda. The country's one party is the Malawi Congress Party. In July 1971 Dr. Banda was sworn in as life president.

Malawi is one of the more densely populated countries of Africa, with an average density of about 111 per square mile, the majority of the population being concentrated in the south. The capital is being moved from Zomba to Lilongwe in order to help redress the regional imbalance in economic development and population distribution terms.

Ethnic Groups

The population is very largely African, with small Asian and European minorities.

* Information from 'World Urbanisation 1950-70' Vol.1. by Kingsley Davis, University of California 1969.

LANGUAGE

English is the official language, and used in the educational system. Nyanja is being developed as a basis for a Malawi language.

RELIGION

Over half the population follows traditional beliefs. The majority of the rest of the population are Christian, either Presbyterian or Roman Catholic, and there is a substantial Muslim minority.

ECONOMY

The country is mainly agricultural. Approximately 70% of active males are engaged in producing subsistence needs. Malawi's economy is closely linked with her southern neighbours, and every year about 100,000 workers leave the country to find employment in Zambia, Rhodesia and South Africa.

A land-locked country, Malawi has links to the sea through Mozambique. A new railroad outlet to Ncala is being constructed, which should relieve the pressure on Beira, the Mozambique port which at present deals with the majority of Malawi's overseas exports.

Main exports in 1969, in order of importance, were tobacco, tea, groundnuts and cotton. There are no exportable minerals at present, though deposits are known to exist.

COMMUNICATIONS/EDUCATION

Radio	-	35.7 sets per 1,000 people (1970)
Television	-	none
Cinema	-	0.89 seats per 1,000 people (1970)

School Enrolment

	<u>primary</u>	<u>secondary</u>
1968	333,876	9,283

980 students attended the University of Malawi at Blantyre in 1969.

FAMILY PLANNING SITUATION

Family planning is discouraged by the government, although some doctors and hospitals are able to give advice.

FAMILY PLANNING ASSOCIATION

None

GOVERNMENT ATTITUDE

The government does not consider that the rate of population growth will impede economic development at the present time. President Banda has publicly expressed his opposition to any attempt to limit the population of Malawi.

LEGISLATION

The government does not allow the dissemination of family planning advice or propaganda by public or private agencies.

IPPF SITUATION REPORT

MALAWI

SEPTEMBER 1971 (3)

PLANS

Efforts are being made to build up nutrition and child welfare schemes, which may in the long term be able to include family planning services.

SOURCES

Europa Year Book 1971

Information from Dr. Cole-King, and report to the 2nd Commonwealth Medical Conference, Kampala 1968.

GNP Per Capita Growth Rate		3.1% (1960-66) (average)
Population Per Doctor	20,000	11,000
Population per hospital bed		7300 (1965)

2820 (1966)

* Local estimate: 43 per 1000 (1970)

GENERAL BACKGROUND

Pakistan is an Islamic State created in 1947 by partition of the Indian sub-continent. At first a dominion in the Commonwealth, the republic was declared in March 1956. The capital is Islamabad.

Pakistan consists of two wings - East and West Pakistan separated by over 1,000 miles of Indian territory. Approximately 55% of the population lives in East Pakistan which has only 15% of the land area. The population of Pakistan is expected to be in the neighbourhood of 224.2 million by 1982. 85% of the population live in rural areas and 7% in cities of 100,000 or more.

Language

National Languages: Urdu and Bengali. English will be the official language

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until 1972. Regional languages are Sindi, Punjabi, Balochi, Makrani and Pushtu.

Religion

The religion of 85% of the population is Islam. Minorities consist of Christians, Buddhists, Hindus and Parsees.

Economy

Pakistan is an agricultural country, about 90% of the population is dependent on agriculture. Its natural resources at present are limited but there has been very little geological exploration or survey. Both Baluchistan and the North West Frontier Province are potentially rich in mineral resources, which need scientific surveys and development. Main crops in the East are rice and jute, and in the West cotton and wheat. From 1958-65 the average growth rate was 6% per annum. The new Government of 1969 raised some wages and promised increased social expenditure. Pakistan at present is in the midst of its Fourth Five Year Plan formulated and executed by the Central Planning Commission.

Communications/Education

There are 5,334 miles of railways in West Pakistan, and 1,751 miles in East Pakistan. Inland waterways are very important means of transport in East Pakistan where 4,995 miles are navigable. The principal port in West Pakistan is Karachi and in East Pakistan, Chittagong. Internal air services between the two provinces are being extended.

In 1965, there were 96 daily newspapers with a circulation of 1,839,000 i.e., 18 newspapers per 1000 people. Radio and television are gaining popularity. Use of radio broadcasting receivers rose from 98,000 in 1953 to 1,014,000 in 1966. The number of television users rose from 10,000 in 1965 to 20,000 in 1967.

Universal free primary education is a constitutional right, but less than half Pakistan's children receive it and only 10% reach secondary education. 19% of the population is literate. There are 13 universities.

Medical

Medical facilities are provided by the government and local authorities free of charge.

In 1966 there were 2,545 hospital establishments, having 37,265 beds. The number of physicians was 17,570, nurses 8,005 and 401 pharmacists. This means 1 nurse per 3,400 population. In 1965 the Planning Commission estimated 1 doctor for 7,300 persons, and 1 lady health visitor per 110,000 persons and projected that by 1985 54,665 doctors, 38,720 nurses and 20,010 lady health visitors will be needed. Nearly 176,000 additional hospital beds are required.

FAMILY PLANNING SITUATION

There is the Family Planning Association of Pakistan with branches in both wings. The Government accepted responsibility in 1960 for a family planning programme and since then has organized a large scale programme. The Pakistan Government has signed the United Nations Declaration on Population.

Legislation

There is no anti-contraceptive legislation.

Abortion

No abortion law.

Family Planning AssociationMain Office

Family Planning Association of Pakistan,
21-D Birdwood Road,
Lahore, Pakistan.

Second Head Office

Family Planning Association of Pakistan,
Second Head Office,
2 Naya Paltan,
Dacca 2,
East Pakistan.

Personnel

Founder President:	Begum Saeeda Waheed
President:	Mr. A.M.A. Kabir
Senior Vice-President:	Dr. Mrs. A. Inayatullah
Vice-President:	Begum Razia Faiz
Honorary General Secretary:	Major M. Zaman
Honorary Treasurer:	Mr. A.K. Nazir
President, West Pakistan FPA:	Begum A. Manzur Quadir
Chairman, West Pakistan FPA:	Begum Salim Khan
President, East Pakistan FPA:	Mr. Nurul Islam Khan
Vice-Presidents, East Pakistan FPA:	Dr. Syed A.K.M. Hafizur Rahman AND Mr. M.A. Quasam
Vice-President, West Pakistan FPA:	Mr. S.M. Zafar

History

In 1952 family planning services were voluntarily organized in Karachi, Lahore and Dacca and in 1953 Family Planning Association of Pakistan was officially formed. In 1954 the FPAP affiliated with IPPF. FPAP has two components in each wing of the country. Each component has branch associations at the district level; this is the basic unit of the Association. There are 11 branches in East Pakistan and 10 branches in West Pakistan. The Association's role and activities have been fully appreciated by the Government and its position strengthened vis-a-vis the acceptance of the concept by the Government, and through public participation and support of the Government to the Family Planning programme.

The Association has been given full representation on the Central Family Planning Council - the policy making body of the Government. Furthermore the Government associated the representatives of the Association in its future planning by giving it full representation on the Planning Commission Advisory Panel on Population for the Fourth Five Year Plan.

Since the Government programme has become fully operational, the FPAP has concentrated on research, motivation and particularly publicity.

Services

The Association runs 4 model clinics in Lahore, Karachi, Dacca and Gandaria (Dacca) and these are working at full capacity. The total number of patients who visited these clinics in 1970 are as follows:

Dacca clinic:	4,113
Gandaria clinic:	2,080
Lahore clinic:	9,830
Karachi clinic:	2,550

In addition the WPFPA component has 25 part time rural urban clinics in its projects and also runs part time rural and city clinics in its district Associations. In East Pakistan there are part time clinics in each of the district Associations.

The Association also runs one mobile van in the Dacca District and there is a River Boat Clinic name "Sukhi Paribar" in East Pakistan. The River Boat Clinic provides motivation as well as clinical services. The West Pakistan component has recently undertaken a study of injectables in the Model Clinic, Lahore as well as in the Multan and Peshawar Model Clinics. Similar trials will be started in East Pakistan Clinics as soon as the injectables are made available there.

Clinic Training

Training is being given in the Association's Model Clinics to doctors and para-medical personnel, both of the Government as well as its own. In-service training courses have been organized in both wings, for voluntary workers of the District Branch Associations, and for motivators working as Mohalla motivators or on other motivation projects.

Lectures have been given in Medical Colleges, Home Economics Colleges, Education Extension Centres, Civil Defence Centre, Lahore, and Railway Workshop, Lahore. In the Inservice Training Courses of Traffic Police Officers, and Jail Wardens, and in Government Physical Education Colleges, family planning courses of varying lengths have been included. The FPAP has also trained Motivation Officers who will increase clinic attendances.

Information and Education

The Association's Information Centres at Lyallpur and Narayangunj are increasing their field of activities. The principal activities of the Association in this work area are:

Films

The FPAP has made several films - 2 in 1967 and another 2 in 1969 - one by

each component. FPAP films have been screened in all Pakistani cinemas through the Government compulsory screening unit. 2 minutes 30 second T.V. film spots have also been produced and are regularly shown on T.V.

Broadcasts

Radio jingle and T.V. telops are being broadcast regularly in East Pakistan. Posters, Leaflets have been circulated in Bengali, Urdu, English, Pushto and Sindhi. 5,000 posters of "Small families - Smiling faces" distributed in 1969. Mobile exhibitions have been extensively used in both components in industrial fairs, market days etc. Bus panels, Mobile Exhibition Panels, and car stickers are also printed by FPAP.

Publications

The two regular publications of the FPAP are "Birthright", a quarterly Journal in English for the intelligentsia at home and abroad with two special numbers "Islamic Viewpoint on Family Planning" and "Pakistan Population Situation". The monthly magazine "Sukhi Ghar / 'Sukhi Paribar" in simple Urdu and Bengali respectively is a household magazine for the general public for direct publicity for Family Planning. Other publications include the "Proceedings of the Family Planning Conference", "Comilla" and a booklet 'I am not yet born'. In addition a host of booklets and leaflets are printed for motivation and information in Urdu and Bengali by the two components of the FPAP. Newspaper supplements, articles on the latest research on family planning and letters to the Editor in support of family planning have been arranged from time to time.

Puppet Shows - traditionally the poor man's theatre, performed by travelling gypsies, with family planning added to the story.

Folk Singers or Toliyan - traditional village entertainment with the family planning theme added is utilised in motivational projects.

Publicity Pushcarts - with music, bells and colourful posters, these carts are taken through the city and village distributing leaflets about family planning and local clinics.

Publicity racks - for family planning literature have been set up in hospital waiting rooms, libraries etc., all over Pakistan, for people to help themselves with family planning material.

Contraceptive Showcases 10 showcases displaying contraceptives have been placed in the out patients department of hospitals.

Hospital Patient Motivation is provided by FPAPs Lady Health Visitors who visit women's wards and outpatients. The East Pakistan branch is developing a scheme to influence private doctors in family planning. The first Ferry Ghat Motivation Centre was set up in Narayangunj in September 1969. The FPAP has experimented with employing train motivators to get family planning acceptors on train journeys..

Research and Evaluation

The Association is undertaking Research and Evaluation Studies in the following fields:

1. Low Parity Study	- East Pakistan
2. Oral Pills Acceptability	- East and West Components
3. Before and After Mass Media Evaluation in Industrial Concerns	- The West Pakistan Report completed
4. A Survey of Family Planning Services in Industrial Concerns	- East and West Components - both complete
5. Model Clinic Card Analysis	- -
6. Post Partum IUD/Oral Pills Study	- Carried out in 3 hospitals
7. Vasectomy Study	- West Pakistan
8. Depo-Provera Trials	- West Pakistan
9. Practise of Family Planning among Fertile Couples (a follow up of a former study East Pakistan).	- West Pakistan
10. Population Education	- West Pakistan
11. Law and Population Studies	-

The following reports have been published recently.

- The Niazbeg Study
- The Dai Study
- The Oral Pill Study

Population Education (Family Life Education).

The Association has been developing this over the last year with the assistance of two members who received special training at the IPPF Headquarters. The National Conference in December 1969 was largely devoted to consideration of these programmes. Seminars for teachers and educators are planned in both East and West Pakistan. In West Pakistan a Family Life Education Action Group has been constituted and the Government has approached FPAP for information and advice on this.

Plans

The Association will continue to concentrate on the sectors outlined above. In addition it hopes to expand its projects for family planning coverage of the industrial population through motivation centres in industrial areas, Workers' education programmes and a campaign for support of labour leaders etc.

It proposes to expand its programme of integration of family planning services in the programmes and projects of other social welfare agencies in both wings under a US AID Grant. The agencies covered are Maternity and Child Welfare Association, All Pakistan Women Association, T.B. Association Clinics, T.B. Sanatorium, Red Cross, Diabetic Association, Lion Clubs and others.

The consciousness for the need for extensive population education programme for the young inside and outside the educational institutions is growing apace and the Association proposes to expand its activities in this field.

In addition the Association proposes to undertake a massive field support programme at the village level in both wings in collaboration with the Government programmes.

GOVERNMENTPersonnel

Secretary to the Ministry of Labour, Health Social Welfare and Family Planning, Joint Secretary, Family Planning Division, and Secretary/Commissioner, Pakistan Family Planning Council.

Mr. Riazuddin Ahmad

Director General (Planning & Policy)

Mr. Wajihuddin Ahmad

Deputy Director (Medical)

Dr. (Mrs) Nafis Sadik

Deputy Director (Statistic)

Dr. Mrs. Sajida Samad

Deputy Director (Training)

Dr. K. A. Siddique

Mrs. Musharaf Ahmad

History

Family Planning was officially given recognition by the Government of Pakistan in 1960, when it was made a part of the Health Services. In the Second Five Year Plan an amount of Rs.30.5 million was allocated to family planning. It was in 1965 that President Ayub Khan related population to economic development. Not much was achieved before 1965 but a start was given to demographic and other research. The Third Five Year Plan (1965-70) aimed at reducing the birth rate from 50 to 40 by 1970. This was to be achieved with an administrative program oriented to the general public through efficient distribution of supplies and providing motivation by person-to-person contact to supplement the clinical medical activity. The grass roots worker was the traditional village midwife or "dai". In March 1968 a team of 7 experts from UN/WHO evaluated the program and suggested inactive dais to be replaced and Chief Male Organisers hired to replace 2 dais, who must have overall responsibility for motivational work. With the coming of the present government there has been reorganization in the Family Planning Division and the programme now works on a decentralised basis. It is implemented through Provincial Family Planning Boards and District Family Planning Boards. At the district level, the Secretary of the Board, the publicity-cum-executive Officer serves as the chief administrator. He is assisted by a District Technical Officer (a Medical doctor), Family Planning Officers, Union Council Secretaries/Thana family planning Assistant Lady Organizers (1 for every two villages), and distribution agents for the sale of contraceptives. Under the Fourth Plan Rs. 695 million is allocated to family planning programme.

The Family Planning Council has been augmented to include ex-officio representatives for the Medical Association, Family Planning Association, All Pakistan Women's Association, Social Welfare, Red Cross, Maternal and Child Welfare Association, and Universities.

Services

Currently 2307 doctors are specifically allocated to family planning services. There are also 500 full time lady family planning visitors and 600 lady home visitors. The part time dais number 37,000. Other family planning personnel include - 56 executive, 1370 officers, 3700 assistants and 50,230 part time agents. Family planning facilities exist in 1839 hospitals, clinics and centres - 873 in East Pakistan and 966 in the West. 100 mobile clinics are used for this purpose.

Since 1965 to June 1970 - the number of patients served are as follows:

	Sterilisations- vasectomies & Tube ligations	IUD insertions	Units of con- ventional con- traceptives sold
Sept. 1965 to June 1966	5,400	252,355	36,327,567
July 1966 to June 1967	48,729	588,350	97,153,694
July 1967 to June 1968	266,809	775,955	164,118,426
July 1968 to June 1969	449,435	836,308	181,555,023
July 1969 to June 1970	327,739	621,623	172,576,170
Total	1,098,112	3,074,591	651,730,880

57.4% of acceptors are in East Pakistan and 42.5% in West.

All methods are available and it is expected in 1971 to spread the use of oral contraceptives. Foam tablets, IUD's and inserters are manufactured in Pakistan. Foams and Condoms are imported.

The incentive payments are as follows:-

For IUD:

To Doctors	Rs. 3 (US\$ 0.64)
To Lady Health visitors and Lady Family Planning Visitors	Rs. 3 (US\$ 0.64)
To any other person referring IUD acceptor.	Rs. 2 (US\$ 0.43)

For Vasectomy:

To Doctors	Rs. 10 (US\$ 2.13)
To patients	Rs. 15 (US\$ 3.20)
To referrer	Rs. 5 (US\$ 1.02)

For female sterilisation the only difference is that the doctor will get Rs. 20 (US\$ 4.27)

For Oral contraceptives it is expected a minimal charge of Rs. 0.25 (US\$ 0.06) will be made per cycle.

It has been estimated that during the third Plan 3 million births were prevented, and that more than 20 million couples are currently practising family planning i.e. 12% of women in child bearing age.

Training

The Government has 5 fully equipped staff training centres and 6 mobile training teams. Approximately 1,200 Lady Family Planning Visitors trained and posted for clinical work in family planning. For the training of field workers it is proposed to appoint one Training Officer for pre-service and continuous in-service training for every group of 36 field teams. The intention is to broaden the field of "training in action".

Information and Education

With the help of SIDA numerous posters leaflets, booklets, claudards etc have been developed and printed. Also increasing use of radio in support

of family planning is made. A commemorative postage stamp was issued in January 1969. In 1968 a National Family Planning Communications Committee was formed to direct and coordinate publicity plans, goals and evaluation.

Research and Evaluation

The Pakistan Family Planning Programme has placed emphasis on research and evaluation which is the responsibility of the Central Family Planning Council. Findings from major studies provide additional guide lines for programme direction. Research on the social, medical and administrative aspect of the programme is conducted in official programme organisations and in universities. A compilation published by the Family Planning Council lists 247 completed and on going studies.

IUD

In 1967 the Clinical Record Card Project started. It covers 89% of the IUD insertions in West Pakistan and 54% in East Pakistan. An IUD retention study in West Pakistan showed:-

IUD retained after 1 year - 56% (Removals - 23% ~~Expulsion~~ - 21%) 9 out of 10 "dropouts" were not currently using other methods of contraceptive. 94% of those still with IUD's expressed desire for continuous use. Studies show differences between the 2 wings of the country in IUD retention rates.

Months of Use	West Pakistan	East Pakistan
12 months	55.8%	73.7%
18 months	46.4%	65.8%

Studies have also been conducted on conventional methods effectiveness and the possibility for orals and low dose orals.

A comprehensive survey on the impact of the family planning programme is being completed.

The latest research report published in 1970 is by Mr. Majihuddin Ahmad on Field Structures in Family Planning - in which he has shown the ineffectiveness of the dais and the results obtained when they are replaced by literate field organisers. In conclusion he is of the opinion that in a certain time limit all "dais" should be replaced by literate personnel.

Pakistan U.N. Family Planning Mission issued an evaluation report in 1969 on the Family Planning Programme in Pakistan. It commends the government on having established a well organised and effective administrative set up; on the widespread knowledge of purpose and methods of family planning; and for providing clinical services and contraceptive supplies. It is of the opinion that this is praiseworthy as "The Pakistan Programme is striving to gain general acceptance of family planning under conditions of high illiteracy, unfavourable levels of unemployment and underemployment, and low per capita income in a predominantly agrarian society."

Plans

In recognition of the sizeable task ahead 4th Plan allocation has been increased to Rs. 695 million (\$150 million) from Rs. 284 million in the 3rd Plan. The Government's aim in the 4th Plan is to reduce the birth

rate from 43 to 33.2 per 1000 by preventing 9.6 million births against 3 million births estimated to have been prevented during the 3rd Five Year Plan. It aims at not merely introducing family planning to couples but also encouraging its continued practice through improved motivational techniques, strengthening health services and application of a wide range of family planning methods. For this aim it is envisaged to - a) broaden the contraceptive methods offered to include oral contraception (1 million by the end of the 4th Plan) and greater emphasis on female sterilisation b) gradual replacement of illiterate dais as the basic field workers by teams of male and female literate workers located at each Union Council with a population of 10,000. These workers will be responsible for listing 1500-1700 fertile couples in their area, educating them to accept family planning, providing follow up and reassurance and encouraging them to continue practice. c) The training of family planning visitors will be broadened to include more aspects of family health and nutrition and accelerated to provide for 1300 LFPV's for each wing.

Other Organisations engaged in family planning activities in Pakistan

The voluntary associations that have been involved in family planning activities are: All Pakistan Women's Association, Mothers' Club, T.B. Association, Maternity and Child Welfare Association, Red Cross Society, Day Nursery Association. The Lions Club, Haji Osman Ghani Trust, The Diabetic Association, Rotary Club, who also carry on family planning work through the Family Planning Association.

Besides the Planning Commission the other Government agencies, semi-autonomous bodies, and university - related institutes which are concerned with population matters are, the Census Bureau, Central Statistical Office, Pakistan Institute of Development Economics and Vital Registration Office. The Universities play an active role - The Institute of Statistical Research and Training at the University of Dacca provides training and research in demographic statistics. The Social Science Research Centre, the Institute of Statistics, and Department of Sociology at the Punjab University in Lahore have all been engaged in some demographic and family planning research. Since 1961 the Pakistan Academy for Rural development in Comilla, has conducted family planning research in connection with its action programme.

In 10 Medical Colleges research on family planning is being carried on in the Departments of Obstetrics and Gynaecology. In addition there are 19 institutes, departments of medical colleges and other universities in which research in reproductive biology is conducted.

Other Organisations

- (1) IPPF - provides assistance to its affiliate, Family Planning Association of Pakistan - 1971 grant: \$343,000
- (2) Population Council - has provided funds to Pakistan Institute of Development, Pakistan Academy for Rural Development etc., to the extent of \$864,000 since 1959 besides 8 advisors. Local manufacture of loops facilitated through their assistance.
- (3) Rockefeller Foundation - funds for the establishment of Research and Evaluation project in Lahore.

(4) Ford Foundation - since 1960 grants have totalled \$3.8 million for research and development.

(5) Swedish International Development Association (SIDA) - \$741,554 worth of condoms and five advisors as part of a programme of close cooperation between the two governments. This includes communication centres at Dacca and Lahore to provide help in information and audio - visual aid programmes. Total aid to date \$7 million.

(6) US/AID - In fiscal year 1969, US/AID obligated \$2.3 million and a rupee equivalent of \$9 million for the Pakistan programme, including 10 technical advisors to the government. It has also provided support for a factory to manufacture orals. Delegates Dr. Benjamin Branch led Seminars for family planning doctors of Karachi district in 1970.

(7) UNICEF - since 1966 provided vehicles and commodities worth \$653,000.

(8) The Netherlands - A grant of \$305,042 to support 5 anthropologists in a social service research project.

(9) United Kingdom Overseas Development Administration (UKODA) - has supplied contraceptives totalling \$71,750.

(10) United Nations Fund for Population Activities (UNFPA) - for 1970 \$1.7 million provided for exports, supplies and equipment, fellowship and financing of special local costs.

SOURCES

(1) U.N. World Population Conference, Belgrade 1965, Vol. II, p.315, 282, 274, 204, 172, 63.

(2) East Pakistan Research and Evaluation Centre, Annual Report 1966-67.

(3) Pakistan Family Planning Association Report. IPPF VIII International Conference Santiago 1967, p. 169.

(4) Adil, E. Administration of a Family Planning Programme. IPPF VIII International Conference, Santiago, 1967, p. 196.

(5) Measurement of the Effectiveness of Family Planning Programme in Fertility in Pakistan. Khan, I.K.H. International Union for the Scientific Study of Population Conference, Sydney 1967, p.449. See also paper by Stoackel, J.R. and Choudhury, M.A. p.431.

(6) Family Planning Division Year Book 1967-68 - Government of Pakistan.

(7) Adil, E. Family Planning Programme in Pakistan, February 1968.

(8) Sadik, N. (1968) Medical Bulletin, IPPF, May 1968.

(9) A Profile of IUD Clients. National Research Institute. August 1968.

(10) UN - Statistical Yearbook 1968.

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PAKISTAN

SEPTEMBER 1971 (12)

- (11) Pakistan IUD retention survey 1967. Family Planning Council January 1969.
- (12) Proceedings of the Pakistan International Conference on Family Planning, Dacca 1969.
- (13) Monthly Report of Pakistan Family Planning Programme (June 1969).
- (14) Population Council, U.S.A. - Pakistan Monthly Reports (October 1969).
- (15) UN - Demographic Yearbook 1969.
- (16) Ahmad, Majihuddin - Field Structures in Family Planning Pakistan Family Planning Council 1970.
- (17) Project Agreement on F.P. between the Government of Pakistan and United Nations Fund for Population Activities, Islamabad August 27, 1970.
- (18) Population Programme Assistance, US/AID, October, 1970.
- (19) Paksitan Population Situation Special Number Birthright of FPAP, 1971.
- (20) Europa Year Book 1971.



Situation Report

Distribution LIMITED

Country PANAMA

Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			75,650 sq.kms. ¹
Total population	805,285 ¹	1,075,541 ¹	1,406,000 (1970) ²
Population growth rate			3.2% (1970) ³
Birth rate		41-42 (1960-65) ¹	37.9 per 1,000 (1970) ³
Death rate		10-11 (1960-65) ¹	7.3 per 1,000 (1970) ³
Infant mortality rate		40.8 (1960-65) ¹	38.7 per 1,000 (1970) ³
Women in fertile age group (15-44yrs)			276,170 (1969 estimate) ¹
Population under 15			43.6% (1970) ³
Urban population			47.1% (1970) ³
GNP per capita			US\$580 (1968) ⁴
GNP per capita growth rate			4.6% (1961-68) ⁴
Population per doctor			2,000 (1968) ⁵
Population per hospital bed			303 (1968) ⁵

I. GENERAL BACKGROUND

The Central American Republic of Panama stretches across the isthmus of Panama and includes the narrow strip of the Canal Zone, 51.2 miles long and 10 miles wide. The Panama Canal was opened in 1914 and is one of the major waterways of the world. The USA was granted the occupation and use of the Canal Zone by Treaty in 1903, and the area is administered by the Panama Canal Company and the Canal Zone Government whose Governor is appointed by the President of the USA. In 1970, the Zone's population was estimated as 39,084 US citizens and 11,260 non-US citizens.

1. UN Demographic Yearbook
2. CELADE Boletín Demográfica, Year 3, No.6, July 1970
3. Report by the Delegate of Panama to the XXIV World Health Assembly, May 5, 1971.
4. World Bank Atlas, 1970: IBRD
5. Fourth Report on the World Health Situation, 1965 - 1968. WHO.

Economic activity tends to be concentrated in the metropolitan area, and a recent estimate shows that 80% of total income is produced and distributed in this area among less than 50% of the total population. There has been considerable internal migration to Panama City which by 1969 had an estimated 389,000 inhabitants.

Ethnic

Approximately two thirds of the population are of mixed descent; there are small Negro, white and Amerindian groups.

Language

Spanish; in the Canal Zone English is the chief language spoken.

Religion

The majority of the population are Roman Catholic.

Economy

Approximately a quarter of national revenue is derived from the Canal Zone, from lease fees and from labour services. Considerable income is also gained from shipping registration fees, Panama's merchant marine being one of the largest in the world although predominantly foreign owned. Despite the development over the past few years of a more diversified industrial sector, agriculture continues to be an important economic activity and the main crops are rice, sugar and bananas.

Communications/Education

The internal transport system relies on roads and railways, the latter owned partly by the government and partly by the two USA companies.

Education is compulsory between the ages of 7 and 15 years.⁶ In 1967, there were 218,475 pupils in primary education, 63,750 secondary pupils and 9,265 students in higher education. There are two universities.

In 1967,⁶ there were 12 daily newspapers, with a circulation of 81 per 1,000 inhabitants. In 1968, there were 23 cinemas with 21 seats per 1,000 inhabitants, 102 radio transmitters and 12 television transmitters. In 1965, there were an estimated 500,000 radio receivers and in 1967 an estimated 77,000 television receivers.

Medical/Social Welfare

Public Health facilities⁵ are provided by three regional health administrations under the Directorate - General of Health which is part of the Ministry of Health. In 1968, 641 of Panama's 696 doctors were working in government service.

Maternal and child health care is carried out by pre-natal and child health centres of which there were 12 in 1967. In the same year 61.2% of all births were attended by a doctor or a qualified midwife.

6. UNESCO Statistical Yearbook, 1969.

The government is concerned to reduce the high level of malnutrition among children; a survey in 1967 showed that 60.7% of the population under 5 years of age suffered from some form of malnutrition. An applied nutrition programme was introduced in 1963.

A government operated social welfare scheme to which employees contribute, provides benefits for unemployment, sickness and retirement.

II. FAMILY PLANNING SITUATION

A private association provides family planning services on a modest scale. The government is developing a national family planning programme, and family planning services are increasingly being made available through the Mother and Child Health Programme of the Ministry of Health.

Attitudes

There is official support for family planning. The President of the Republic has shown great interest in the solution of the nation's population problems.

There is no active Roman Catholic opposition to family planning.

Legislation

Abortion is illegal. Sterilization is legal under a law of 1941, and according to a calculation made by the Ministry of Health, in 1970 approximately 5% of women in the 15-49 years age group were sterilized.⁷

Family Planning Association

History

Before 1965, when the Family Planning Association of Panama was set up, family planning activities had been carried out by isolated individuals. In 1966 the new Association opened the Marañon Model Centre in the capital in which contraceptive services were made available supported by information and education and research programmes. In 1967, to extend services outside the capital, an agreement was signed with the government and with AID, and by the end of 1968 the Association was running 5 clinics; two were in Panama City and three outside it. Also three were in state-owned premises and two in premises rented by the Association.

By the end of 1969, the Association had handed over 4 of its clinics to the government.

The Association is a member of the IPPF.

Address

Asociación Panameña para el Planeamiento de la Familia,
Edificio Multifamiliar No.2,
Esquina Avenidas Balboa y "B",
Apartado 4637,
Panama 5, Panama.

7. "Short Notes on Female Sterilization in Panama", by Hildebrando Araica A. (Ministry of Health, Panama).

Personnel

President: Dr. Julio Armando Lavergne
Secretary: Sr. Mario Fonseca

Services⁸

In 1970, the Association had to reduce its clinic services as a result of rationalization of programme. However it operated two clinics in Panama City, the San Miguelito Centre and the reorganized Maranon Model Centre. Together they attended 730 new acceptors and 5,394 follow-up visits. Of the new acceptors, 368 used the IUD. 268 the oral contraceptive, 65 the injectable and 12 used other methods. The IUD and the oral contraceptive were also the most preferred methods among old acceptors.

In 1971, the Association - again as a result of rationalization - had to close the Maranon Model Centre. The San Miguelito Centre continued to offer services and in the first six months of the year attended 245 new acceptors and 2,657 follow-up visits.

Cytology services are available. In 1970, 786, and in the first half of 1971, 358 Papanicolaou smear tests were made.

Information and Education

In 1970, the Minister of Health noted verbally that the Association's primary role is information and education. Earlier in the year, the Association had combined its information and education and training departments into one division in order to concentrate on the planning, evaluating, supervising, and coordinating of all these activities. The programme included the distribution of literature, the publication of a Newsletter - "Conciencia", the stimulation of publicity for the Association and for family planning in the press and on radio and television, conferences, talks for patients, a library service and statistical work on clinic and patient activities.

In 1971 the Association is concentrating even more on information and education work. Particular emphasis is put on the organization of talks for selected groups of educators and of influential community leaders, both in the capital and in the interior of the country. An active programme is carried out in Colon, the country's second city, where the Government provides clinical services. Motivation work is carried out among the patients in the government's programme.

Sex education

In 1970, in liaison with the Ministry of Education, the Association assisted the directors of official primary and secondary schools in developing programmes of sex education for pupils, staff and parents. The Association hoped to extend the programme to private Catholic schools.

8. Semi-annual Fiscal Report of the Asociación Panameña para el Planeamiento de la Familia for the period January 1 - June 30 1971.

The Ministry of Education has requested AID/Panama to participate in an agreement whereby the Association will organize seminars on family planning and sex education for teachers and educators.

Training

It was planned by the Association that the reorganized Maranon Model Centre would be a Training Centre. But in 1970 training activities had to be considerably reduced. Some local training courses were held, mainly in Panama City, for medical and paramedical personnel, teachers, Labour and community leaders, adolescents and journalists.

At the end of 1970 the Association requested assistance from the Pathfinder Fund for the Maranon Model Centre.

Resource Development

A Resource Development Programme is planned with the assistance of the IPPF. The Association has been urging the private sector to support its work through means of the Newsletter "Conciencia".

Government

History

In June 1967 an agreement was signed between the Government, AID and the Association; it was modified in 1968 and was to be in force until December 1970. Under this agreement, a Family Planning Committee was to be established with representatives from various Ministries and from the Association and family planning was to be incorporated within the Maternal and Child Health Programme of the Ministry of Health. However no positive action was taken.

In 1969, a further agreement was signed by the Government with AID and the Ministry of Health appointed a full-time Director of its Family Planning Programme. In that year the Association handed over 4 of its clinics to the Government, but while an official programme developed there was no agreed definition of the respective roles of the Government and of the Association.

It has been reported⁹ that in March 1971 a new Family Planning Coordinating Committee had been set up to develop the national family planning programme. The President of the Association is a member of this committee.

Services

The Ministry of Health is directing a phased integration of family planning services in all Maternal and Child Health clinics which number approximately 60. The aim is to reach 15% of the female target population within 5 years. The Ministry of Health has already introduced services into approximately 15 clinics.

9. Information received from the IPPF Western Hemisphere Region Office, New York.

Other sources

"Conciencia": newsletter of the Asociación Panameña para el Planeamiento de la Familia.

1972 Budget proposal by the Asociación Panameña para el Planeamiento de la Familia, to the IPPF.

The Europa Yearbook, Vol.II, 1971.



Situation Report

Distribution LIMITED

Country PHILIPPINES

Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			300,000 sq.kms.
Total Population	20,000,000	27,000,000	37,158,000 (1969)
Population Growth Rate			3.4 per 100 (1963-69)
Birth Rate	50	-	45 per 1,000 (1970)
Death Rate	11.4	7.8	11.0 per 1,000 (1970)
Infant Mortality Rate	105.5	73.1	72.0 per 1,000 (1968)
Women in Fertile Age (15-44 yrs)			6,989,000 (1968)
Population under 15 years			46% (1969)
Urban Population			14%
GNP per capita			\$203 per annum (1968)
GNP per capita growth rate			0.8 per annum (1963-68)
Population per doctor	1,600	1,680	1,370 (1966)
Population per hospital bed	2,174	1,050	730 (19669)

GENERAL BACKGROUND

The Philippines is the fastest growing nation in Asia. It is made up geographically of 11 main islands and over 7,000 small islands. The Government consists of an elected President, Senate and House of Representatives, and it has a well-developed system of local government. The Capital is Quezon City with a population (city proper) of 569,300 in 1969.

The average size of households in the Philippines is 6.8 children. Density is 124 persons per sq. kms.

Ethnic Groups

Filipinos are basically of Malay stock with a mixture of Spanish and Chinese blood.

Language

The national language is Filipino, based on Tagalog, a malay-polynesian language. It is spoken by 44% of the population. Other official languages are English spoken by 40% and Spanish spoken by 2%. Other major dialects are Cabuano and Ilocano.

Religion

80% Roman Catholic; 15% Philippines Independent or Anglicans; 4% Muslims; 1% Protestants.

Economy

Agriculture, forestry and fishing contribute about 35% of domestic product and employ about 60% of the labor force. Rice cultivation predominates. Half of those employed in agriculture are self-employed, tilling small farms of about 2 hectares. 83% of the population live at a sub-standard economic level. The food situation is serious, but new high-yielding rice strains are starting to bring an improvement.

335,000 new jobs (1969) are needed each year. Unemployment is between 10-15%.

Timber, mineral extraction and mining are important.

US\$1 = 3.85 Philippine peso.

Communications/Education

The Radio Control Office under the Department of Public Works and Communications (Manila) acts as radio and TV supervisory body. There are large numbers of radio and TV stations. In 1968, there were 1,230,000 radio sets and 350,000 televisions. In 1969 there were 20 daily newspapers with a circulation of 889,652.

There is free education at all public elementary schools. There are 36 private and 7 state universities and 541 private and 18 state colleges. Literacy is high - about 75%.

Medical

Life expectancy at birth - male: 48.81 years, female: 53.36 years. (Most recent figures for those born in 1946-49).

In 1966 there were 24,385 physicians, 19,866 pharmacists, 27,306 nurses and 13,663 midwives providing medical services. Government Social Insurance System for government employees and the Social Security System for private employees provide cover for retirement or life.

Employed persons contribute to the scheme from their wages. Public Health services such as inoculation and vaccination are provided free at state dispensaries and puericulture centers.

FAMILY PLANNING SITUATION

Until this year family planning services were provided mainly by voluntary groups, with some assistance from local government. In 1969 the two

principal voluntary groups - Family Planning Association of the Philippines and the Planned Parenthood Movement in the Philippines merged to form the Family Planning Organisation of the Philippines. Then in December 1969, President Marcos announced a Population Policy which, at the moment, is placed under the overall authority of the Commission on Population.

Attitudes

It is difficult to assess the overall attitude of the people to family planning due to the very recent change in Government policy, the effects of which are not yet apparent. The conservative Roman Catholic opinion still makes progress cautious and slow. However, there is a general awakening to the population problem. Catholic agencies like the Responsible Parenthood Council, are taking an active part in educating people in family planning and advocating the 'rhythm method'. There is also support for family planning from the various medical associations, hospitals, government departments and local governments.

Legislation

The legislation forbidding the import of contraceptives was changed during 1969. Act 4729 confines sales of contraceptives to pharmacies, and a doctor's prescription is required.

FAMILY PLANNING ASSOCIATION

Address: Family Planning Organisation of the Philippines,
9th Floor, Katigbak Building,
T.M. Kalaw and A. Mabini Street,
Ermita, Manila.

Personnel:

President:	Dr. Ruben Apolo (Chairman S.E. Asia and Oceania Region IPPF)
Vice-President for Luzaon:	Dr. Jose B. Catinding (Regional Council Coopted Member)
Vice-President for Visayas:	Dr. Rafael A. Esmundo
Vice-President for Mindanao:	Mrs. Luisa Z. Parulan
Treasurer:	Dr. Jossfa M. Ilano
Secretary:	Dr. Esperanza I. de Castro
Executive Director:	Dr. Raymundo P. Rivera, Jr. (Current Director of Training)
Director of Information and Education:	Dr. Dionisio R. Parulan
Director of Clinical Services:	Dr. Manuel A. Cordero
Assistant Director of Training:	Dr. Gregorio T. Alvior
Director of Research and Evaluation:	Dr. Enriques T. Virata (part-time)

History

Before the merger of 1969 there were two major voluntary associations as mentioned above. The FPAP, mostly led by Catholic leaders, was founded in March 1965, and had nation-wide representation involving government municipalities, universities and community leaders, and therefore had been responsible in starting a national movement and removing the various obstacles to the acceptance of family planning in the country. It had particularly close liaison with the city of Manila, whose mayor, Mr. Antonio J. Villegas, expressed strong support.

The FPAP was running fully supported 19 clinics by 1968 and commodity-supporting more than 300 of its 600 members throughout the country. It is the first national organisation to have chapters in the provinces. The FPAP, because of these accomplishments was admitted to the IPPF as one of its associate members to represent the Philippines in the latter part of 1965. Since then, all fundings and scholarship grants to other private agencies, including PPMP, were coursing through the FPAP.

The PPMP was founded in 1967, and expanded to 20 USAID funded clinics and 22 clinics of private physicians trained by PPMP. It developed an extensive training programme for doctors financed by USAID.

At present, the FPOP is engaged in the reorganisation, resulting from the merger of the program of work of the two organisations, and was last year taking advantage of the changing attitudes in the Philippines to develop a large-scale voluntary program of family planning.

Services

In 1970, 73 FPOP clinics were providing clinical services. Medical services provided by the Organisation expanded by almost 95% over that of the previous year. A total of 47,420 new acceptors were recorded for the year 1970; broken down as follows:-

Orals	IUD	Rhythm	Foam	Condoms	Injectables	Others
20,285	11,979	6,513	2,570	1,908	161	4,004

Revisits also increased. For 1970, there were recorded 156,613 revisits as against 76,773 for 1969. Also 1,342 Papanicolaou smears were taken, 110 infertility patients treated and 3,466 gynaecological patients seen.

Education/Information

FPOP creates an awareness among the public of the value of and need for family planning through radio, TV, movies, press, brochures, pamphlets, lectures and community assemblies.

In 1970, 227 film shows and 87 lectures and meetings were held. Some 573,500 materials on family planning distributed. A total of 15 press releases and 9 advertisements were made. 21 TV interviews, and 4,067 radio programmes were also held. A film 'The Choice is Ours' was produced by the FPOP and another film was made by the IPPF with FPOP's assistance.

Training

Training has been pursued by the FPOP on a larger scope and depth. In 1970, 16 courses were held and some 482 participants were trained - 146 physicians, 112 nurses and midwives, 224 social workers, community development workers, leaders, teachers, etc.

An IPPF Family Planning Regional Training Workshop was held at Manila in 1970, attended by administrators and educators coming from the South-East Asia and Oceania region.

The Negros Occidental Provincial Chapter of FPOP also held 8 training courses - 108 participants were trained - 2 physicians, 12 nurses, 42 midwives, and 48 non-medical voluntary workers.

Research and Evaluation

Most of the evaluation work is concentrated on training, and evaluation of mostly all the training courses has been carried out.

Other Special Projects

In 1970, FPOP launched a programme designed to provide 30 City Health Offices and 20 agro-industrial firms in the country with family planning services. This will involve the training of 150 physicians, nurses, midwives, social workers and health educators - and to provide equipment and commodity assistance, as well as technical help to participating clinics. The target is to reach 8,000 married couples through 80 two-day orientation workshops or 16,000 persons in agro-industrial firms at the rate of 200 people per session. In 1970, 12 agro-industrial firms were already involved in the project.

A province-wide family planning programme was also established in Cantanduanes with full financial and material support from FPOP. This project is being undertaken in collaboration with the Provincial Government, Provincial Health Office and Public Schools.

In March 1971, IPPF South-East Asia and Oceania Regional Conference was held at Baguio City. 400 delegates and observers from 27 countries attended the conference, and 7 Heads of States sent messages. The participants adopted 12 recommendations for accelerating family planning.

Plans

The FPOP expects to intensify its training and education programme, and will expand the projects dealing with agro-industrial firms and the Cantanduanes.

From 1972 onwards FPOP will be engaged in restructuring its administrative set-up. Great emphasis is to be placed on community involvement to generate support for the family planning programme. This is to be achieved through reorganising and strengthening the chapters or branches in the provinces. It will involve the creation of field teams to complement the Field Representatives who are currently taking charge of field activities. It is envisaged to set up 4 such teams in 1972, to provide opportunity for the study of the effectiveness of such teams. These teams will be responsible for identifying the problems, needs and weaknesses, developing the field programme and serving as a link between

the field and the FPOP headquarters. An integral part of the plan is development and strengthening of the volunteer corps and paramedical workers.

Publications

'The FPOP Bulletin' is the official newsletter of the FPOP.

GOVERNMENT

President Marcos has signed the UN Declaration in favour of family planning. In May 1970, Population Commission was created, charged with 'promulgating policies on family planning, promoting the broadest understanding of the stakes or issue and enabling contact with similar looking groups in other parts of the world - both to contribute to their efforts and to learn from them.'

Membership consists of government welfare, health, education and other agencies as well as private voluntary associations including FPOP. The plans laid down by the Population Commission are as follows:-

- 1) The adoption of specific and quantitative population goals.
- 2) Promotion of the broadest understanding by the people of the adverse effects on family life and national welfare by unlimited population growth, and extension of means by which couples can safely and freely determine the proper size of their families.
- 3) Integration of planning into a broad educational programme orientated towards the development of the individual personality, the family and the nation.
- 4) Deeper studies of legal and administrative policies and measures affecting family size.
- 5) Continuation of efforts to reduce further the still high rates of morbidity and mortality among infants.
- 6) Adoption of policies and programmes to guide and regulate the flow of internal migration from the rural to urban countries.
- 7) Establishment and maintenance of regular contact with international and private organisations concerned with population problems.

Personnel

Chairman: Mr. Juan Manuel
Executive Director: Dr. Conrado Lorenzo

Services

In 1970 there were 427 family planning clinics, the total numbers of new acceptors was 230,000 - 57% accepted orals, 18% rhythm, 17% IUD and 8% other methods

7,132 doctors, 6,176 nurses, 2,769 midwives and 62 health educators provided family planning services.

Plans

The Population Commission (POPCOM) has set out an ambitious five-year programme (1971-76). It will set up 1,870 family planning clinics by

1976. It is anticipated that nearly 50% of all eligible women will have accepted some family planning method by this date. This means having 3,121,000 acceptors in a five year period.

The target for 1971 is to open 870 clinics. It was planned to provide training to an estimated 3,250 doctors, 2,019 nurses and 4,475 motivators, social workers and decision-makers by June 1971. In addition, the POPCOM planned to have some 1,800 barrio couple motivators by the end of July.

The total cost of the first such five-year programmes on family planning comes to P339,936 million (\$47.56m). Almost 58% of this amount will go to the setting up of clinics.

The next biggest item for the budget is the education/information/communication part. This roughly comes to about 19%, followed by 14% for training, 8% for research, and the balance for administration.

Much of the funding will rely heavily on foreign assistance, primarily the USAID. It is meeting the budget of the Population Programme for 1971. This involves providing finances to 25 agencies. All the funds will be channeled through the POPCOM, who will act as the overall co-ordinating authority.

Organisations Involved in Family Planning

The Institute of Maternal & Child Health

In 1967, the National Training Center for Maternal Health services was established and included nursing and midwifery etc. training. It operates 103 clinics and has trained 1,128 medical personnel in family planning.

The Philippines Family Planning Agency - was created in 1966 as a support measure for the Government Land Reform Programme. It works privately in the Central Luzon District, and runs 4 clinics.

The Philippines Rural Reconstruction Movement - is a community development organisation active primarily in Luzon since 1961. Operates 8 barrio Technical Units to serve a population of 135,000.

The Philippines Medical Association - held family planning informational conference in each of its 75 component medical societies in 1970. At present some 200 private physicians in the island of Mindanao are involved in providing family planning services.

Responsible Parenthood Council - plans to reach 2.1 million acceptors by 1973 through the rhythm method in rural areas. At present advocates rhythm method in 4 provinces with an estimated target of 900,000 fertile women.

Asian Social Institute - advocates the rhythm method in its 24 clinics

Social Communications Center - hopes to acquaint the public with the concept of family planning and responsible parenthood through periodicals and radio broadcasts.

The Philippines Women's University's Population Education Center - is conducting a 10-month teachers' training course in experimental approaches to sex education in public and private schools throughout the Philippines.

National Media Production Center - a government agency, was awarded a grant by USAID through POPCOM to produce family planning materials for distribution in information/education campaigns.

The Department of Social Welfare - through the Bureau of Family Welfare proposes to strengthen its programme of family education and counselling for responsible parenthood. Social workers will be recruited for this purpose and evaluation studies will be undertaken.

Department of Education - through its Bureau of Public Schools is experimenting with various approaches to re-structure elementary and secondary school courses to include awareness of population problems.

Five medical colleges have integrated family planning in their curricula. The Institute of Public Health and Institute for the Study of Human Reproduction are also engaged in family planning studies. Other organisations providing family planning services are as follows:-

Angeles City Health Department - operates 3 clinics

Davao City Health Department - 5 clinics

Manila City Health Department - 42 clinics

Province of Laguna - 13 clinics

Silliman University Medical Center - 12 clinics

Darsalau Junior College - 2 clinics

University of the Philippines College of Medicine - 3 clinics

Philippines National Law Reform Council - 2 clinics

Other Organisations

International Planned Parenthood Federation - has provided the main financial support for FPOP.

United States Agency for International Development - is playing a major role in financing the rapidly growing family planning work in the Philippines. It has provided for family planning clinics with all phases of activity except contraception supplies and has provided training grants to qualified participants. In 1971 it will provide a grant covering the total budget of POPCOM for this year.

Ford Foundation - gives continued support to the Population Institute and also provides training and study grants.

Pathfinder Fund - provides commodities to family planning clinics, distributes family planning films and supports staff of various clinics.

Population Council - gave initial support to the Manila City Health Department for its clinics. Gives training and study grants.

World Neighbours - assisted in family planning programmes and provided for the establishment of a mobile clinic. It also maintains clinics in rural areas, conducts training programmes and engages in motivation campaigns.

Rockefeller Foundation - provided grants for bio-medical research.

Church World Service - supplied commodities for 18 church supported hospitals.

Brush Foundation - contributed through IPPF:

Japanese Organisation for International Cooperation in Family Planning - is supporting the work of FPOP through commodity existence.

World Health Organisation Regional Office for the West Pacific - is well orientated to family planning and will include Philippines in a regional programme to include family planning in the Maternal and Child Health Services if possible.

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- 10) Philippine Viewpoints - Family Planning. FPOP 1971, Manila Community Publishers Inc.
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Situation Report

Distribution

LIMITED

Country

RYUKYU ISLANDS (OKINAWA)

Date

SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,388 sq.kms.
Population	698,827	883,122	982,000 (1969)
Population growth rate	2.7	1.8	1.2% (1963-69)
Birth Rate	34.7 (1952)	22.9	21.5 per 1,000 (1969)
Death Rate	7.4 (1952)	5.1	5.0 per 1,000 (1969)
Infant Mortality Rate		9.7	11.6 per 1,000 (1969)
Population under 15			35%
Women in Fertile Age Group			n.a.
GNP per capita		202	US\$580 (1968)
GNP per capita growth rate			9.3% (1961-68)
Population per doctor			2,360 (1965)
Population per hospital bed			290 (1965)

GENERAL BACKGROUND

The Ryukyu Islands, of which Okinawa is the largest, lie between Japan and Taiwan. Since World War II, the islands south of latitude 30°N have been under United States civil administration. Agreement has been reached for their return to Japan by 1972. The Capital is Naha City with a population of 300,000, i.e. one-third of the total.

Ethnic Groups

Japanese

Religion

Buddhist and Shinto

Economy

About 25% of the population are employed in agriculture. Principal crops are sugar cane, sweet potatoes and pineapple.

Communication/Education

In 1969 there were an estimated 314,600 radio sets and 189,800 television sets. There were 10 daily newspapers in 1968 with a total circulation of 250,000, i.e. 269 per 1,000 inhabitants.

Education is compulsory between ages 6-16. There are three universities.

Medical/Social Welfare

There is a shortage of medical and para/medical personnel, and most of them concentrate in the city. Many of the remote islands have no doctors at all.

FAMILY PLANNING SITUATION

Family Planning services are provided by a voluntary association without government support. However, government attitude is now more favourable. Previously there was opposition from US civil government, who refused to agree to a Eugenic Protection Law on Japanese lines.

Legislation

IUDs and orals are illegal under 1931 Japanese Harmful Contraceptives law. The Japanese Eugenic Protection Law concerning abortion does not apply to Okinawa.

FAMILY PLANNING ASSOCIATION

Okinawa Family Planning Association,
c/o Okinawa Kogyoshoji Building (3rd floor)
1-9 Miebashi-cho,
Naha-Shi,
Okinawa.

President: Mr. Jugo Tama
Executive Secretary: Mr. Yuko Yamada

History

The Family Planning Association was founded in 1965 and became an IPPF member the same year. It concentrated on information, education and training activities until 1970 when small scale clinic activities were initiated with the cooperation of Naha City Public Health Centre and of the Oteinama Red Cross Blood Centre.

Services

In cooperation with Naha Health Centre, the Association operates the 'Maternity Clinic', 'Family Planning Information Service' and 'Mothers' Class' in Naha City. At the end of 1970 a Travelling Family Planning

Guidance Service was initiated in 2 cities and 7 villages. Eventually it aims to cover Ryukyu and the remoter islands, and a request has been made for 3 jeeps for use in 1972 to replace the old vehicle used at the beginning of the project. The team provides group and individual guidance on family planning and organizes seminars for doctors and field workers.

The clinics provide contraceptive services, marriage life guidance, maternal and child health care and cancer detection. In 1970 there were 1,644 new acceptors and 249 follow-up visits. Condoms, diaphragms, and rhythm were the most popular methods. A small number of acceptors used the IUD and the oral contraceptive although these are illegal by Japanese law.

Evaluations carried out by the Association have indicated that 52.6% of all acceptors were under age 30.

A Medical Study Committee is carrying out medical studies of the IUD and the oral contraceptive and plans to publish a general report on their acceptability.

Information and Education

The Association conducts a series of educational programmes on family planning and maternal and child health using group meetings, discussions and filmshows. The field workers are mainly midwives and Public Health Nurses and are central to the programme. Through house visits, interviews and group meetings they provide family planning information to the public and refer women to clinics or to doctors. Family planning education is a regular part of the health education classes given in the Public Health Centres. In 1970 a total of 50 meetings were arranged for information and education purposes.

The FPA publishes a quarterly newsletter in Japanese with a circulation of 1500. The Annual Report of the Association is published in Japanese and English.

In March 1971 the Association orgnized the Fourth Okinawa Maternal and Child Health and Family Planning Convention at which the need for a sex education programme was discussed. A committee was set up to study the topic. The subject will be considered further at the Fifth Convention in 1972.

Training

The Association holds training sessions and meeting for field workers and seminars for doctors. In 1966 121 midwives and health workers, in 1967 112 midwives and health workers and in 1969, 300 field workers and public health nurses were trained. In 1970, 11 gynaecologists received training on IUD insertion.

Other Organizations

Japan Association for Maternal Welfare set up Okinawa Branch in 1966. The Seventh Day Adventist Medical Centre runs a family planning clinic.

SOURCES

A General Survey of Family Planning in Okinawa, Okinawa Family Planning Association, 1970.

UN Demographic Yearbook

UN Statistical Yearbook

Europa Yearbook

World Bank Atlas

UNESCO Yearbook



Situation Report

SABAH
Country

SEPTEMBER 1971
Date

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

- STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			76,115 sq.km.
Total population	330,000	454,000	633,000 (1969)
Population growth rate			3.9 per 100 (1963-1969)
Birth rate	53	33	42.0 per 1000 (1969)
Death rate			5.1 per 1000 (1969)
Infant mortality			26.8 per 1000 (1969)
Women in Fertile Age Group (15-44yrs)			95,213 (1960)
Population under 15 yrs.			43.5%
Urban Population			20% (approx.)
GNP per capita growth rate			n.a.
GNP per capita		21.5 US\$ (1963)	280 US\$ (1966)
Population per doctor	11,000	13,000	11,300 (1966)
Population per hospital bed			420 (1966)

GENERAL BACKGROUND

Sabah is one of the thirteen states making up the Malaysian Federation. The country, located in North Borneo, is mostly underpopulated with a density of only 8 per square km. According to the 1960 census there were 90,000 households with an average of 5 persons per household.

Ethnic Groups

Three quarters of the population are native to Sabah. The main tribes are the Kadazans, Bajaus, Bruneis, Muruts and Suluks. There are over 100,000 Chinese and less than 2,000 Europeans.

Languages

The official language is English. But Malay is now gradually being introduced.

Religion

Muslims (38%), Christians and Animists.

Economy

In contrast with the unemployment problem in West Malaysia, Sabah experiences a general shortage of labour. In 1968 12,107 persons were estimated to be engaged in plantations, 18,361 in industry and 9,702 in government services.

The principal exports are rubber, copra, sawlogs and sawn timber.

Communications/Education

There is a radio station broadcasting in several languages. Number of licences issued was 40,000 in 1966.

The policy at present is to provide a place at school by 1971 for every child of primary school age. A primary school expansion programme was drafted in 1964.

FAMILY PLANNING SITUATION

There is no population problem in Sabah having only 600,000 people in a country with untapped resources, but there is room for motivation for family planning on health and humanitarian grounds.

There is a Family Planning Association but the government attitude is negative because of under population and a large Roman Catholic community. However, it is concerned with abortion problems, and allows its clinics to be used for family planning.

Legislation - Nil.FAMILY PLANNING ASSOCIATION

Sabah Family Planning Association,
P.O. Box 1361,
Kota Kinabalu,
East Malaysia.

Personnel

Chairman	-	Dr. Lai Kuen Fong
Hon. Secretary	-	Mr. Henry Chai

History

The Sabah Family Planning Association was founded in early 1967 when a Council of Management was formed. Previously the branches at Kota Kinabalu and Sandakan were providing clinical facilities. Towards the latter part of 1967, clinic sessions started in Labuan. Besides these the travelling Rural Health Personnel, also carried out motivation and education of rural areas in Ranau, Kota Belud, Tuaran and Papar districts, although no Association branches could be formed.

Services

Sabah Family Planning Association has two main clinics - one in Kota Kinabalu and the other in Sandakan.

The Kota Kinabalu branch opened three new clinics in 1970 making a total of 14. These are scattered in rural areas and manned by volunteers from the staff of the Medical Department. It is based at present in the Government Health Centre. In Sandakan, the clinic serves over 10 outstation sub-clinics in the timber camps, agricultural estates and kampongs.

There were about 70,000 attendances in 1970, for all branches. (20,302 patients attended the 14 Kota Kinabalu branch clinics.) The most popular method is the oral pill. There are some cases of IUD and diaphragm.

Information/Education

Family Planning education is carried out at the Maternal and Child Health Clinics and through visits to hospital maternity wards. The Association has distributed instructional and motivational material in three languages; participated in radio broadcasts and distributed press releases. As part of a community development course, Association members lectured women leaders in family planning.

Training

The Association held a training course in July 1971 with the help of the IPPF South East Asia and Oceania Region's training personnel. 13 Rural Health Nurses were trained.

Plan

The work in the two branches of the Association is planned to be increased, to cover a large portion of the rural area. Survey work is envisaged to be increased, involving fieldworkers and follow-up.

Sources

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UN Demographic Year Book, 1969

UN Statistical Year Book, 1968

Sabah FPA 1970 Annual Report



Situation Report

Distribution LIMITED

Country SARAWAK

Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			125,205 sq.kms.
Total Population	585,000	750,000	950,000 (1969)
Population Growth Rate			2.9 per 100 (1963-69)
Birth Rate		25.3	29.0 per 1,000 (1968)
Death Rate	8.6	5.8	4.8 per 1,000 (1968)
Infant Mortality Rate	94.4	60.0	41.1 per 1,000 (1967)
Women in Fertile Age Group (15-44 yrs.)			155,935 (1960)
Population under 15 yrs.			44.4% (1960)*
Urban Population			20% (approx)
GNP per capita		175 US\$ (1958)	280 US\$ (1967)
GNP per capita growth rate			n.a.
Population per doctor	16,000 (1953)	14,000	12,870 (1966)
Population per hospital bed			380 (1966)

GENERAL BACKGROUND

Sarawak, situated in North Borneo, is one of the thirteen states making up the Malaysian Federation. Population density is only 7 per sq.km. According to the 1960 census there were 133,300 households with an average of 5.5 persons.

Ethnic Groups

1964 - Chinese 263,000; Sea Dyaks; Malays 145,000; Land Dyaks 65,000; Melanaus 48,000.

Languages

Official language - English. Other major languages: Malay, Chinese and

Religion

Large Moslem population; Christian minorities of all denominations. (Although the official religion of the Federation is Islam, there is no official religion for the State).

Economy

Mainly dependent on agriculture - timber and rubber. The principal exports are rubber, pepper, sawlogs and timber.

Communications/Education

Road transport system is not good, and some villages are inaccessible.

There is a radio station broadcasting in several languages. Number of licences issued was 64,000 in 1966.

Primary schools are run by local authorities, missionary bodies and a large group by Chinese Committees. Apart from the latter that employ Mandarin, all primary schools use English as the language medium. The primary school education is not compulsory and the intake of pupils at secondary level is somewhat limited. About 30 per cent of primary school pupils selected on the basis of an entrance examination are admitted to secondary schools.

FAMILY PLANNING SITUATION

All family planning activities for the present depend on the voluntary Family Planning Association. The Federal Government is concentrating its resources on West Malaysia and is leaving provision of family planning facilities to the local FPA in Sarawak. The Sarawak Government is cooperative, providing facilities for clinics, grants, and land for the Association's building.

Legislation

There is no anti-contraceptive legislation.

FAMILY PLANNING ASSOCIATION

Sarawak Family Planning Association,
P.O. Box 788,
Kuching,
Sarawak.

PERSONNEL

Chairman	- Dr. M.N.G. Mazumdar
Vice Chairman	- Enche Mohd Amin bin Haji Satem
Hon. Gen. Secretary	- Mr. Yong Khoon Seng
Hon. Treasurer	- Mr. Goh Kheng Ley
Hon. Adviser	- Dr. Chong Chun Hian

History

The Family Planning Association was founded in 1962, following a visit by Dr. Sivapragasm of the IPPF South-East Asia and Oceania Regional Council in 1961.

Services

FPA provides family planning service through 8 urban, 26 rural and one mobile clinic. In 1970 70,440 patients visited these clinics - of these 4,736 were new patients. Family planning services in Maternal and Child Health clinics are operated by MCH clinic staff, who are paid an allowance by the FPA. The same is applicable when services are provided by the missionary clinic.

New patients in 1970 adopted the following methods:

Orals	-	4,059
IUD	-	332
Others	-	345

Kuching Family Planning Clinic carries out motivation, home visit and follow-up activities.

Information/Education

The FPA's education programme, conducted in English, Chinese, Malay and Iban uses all methods of communication including press, radio, films lectures and handouts as well as home visits. Particular attention is given to radio and broadcasts are made in the four languages. Slide advertisements are shown at 4 cinemas daily. 130 advertisements and articles on an average of three per month appeared in local Chinese and English papers.

In 1970 family planning leaflets were produced by the Association for distribution to the general public in 4 languages.

Fieldwork

A small pilot project was started near Kuching in early 1971, to initiate an education and motivation programme. If this proves successful, it will be developed and introduced to the branches.

Training

In 1970, a training course was conducted in collaboration with IPPF SEA & O Regional Office staff for midwives and nurses. Personnel trained were as follows - 12 midwives employed by local councils; 2 family planning midwives; 4 family planning secretaries and clerks; 20 health assistants and trainee nurses from Medical Departments.

Family Planning Clinics at 2 main centres also train individual family planning workers for sub-clinics and MCH clinics. This training is conducted by clinic staff on practical clinic work.

Other Organisations

IPPF provides annual grant to the Association.

Brush Foundation (USA) donated a mobile clinic

IPPF SITUATION REPORT

SARAWAK

SEPTEMBER 1971 (4)

Sources

Europa Year Book 1971

Far East & Australia 1970, Europa Publications Ltd., London, U.K.

Malaysia and its National Family Planning Programme, NFPB, ICL,
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UN Demographic Year Book 1969.

UN Statistical Year Book 1968

Sarawak FPA Annual Report 1970



Situation Report

Distribution

Country

Date

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.8.9-2911/6

CEYLON

New Information

September 1971

Current Family Planning Association Personnel

President	- Prof. D. A. Ranasinghe,
Hon. Secretary	- Mrs. S. A. Dissanayake,
Hon. Treasurer	- Mr. V. M. Peries,
Asst. Hon. Treasurer	- Mrs. M. Billimoria,
Hon. Medical Director	- Dr. (Mrs.) Siva Chinnathamby,